



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**BALLOT QUESTION COMMITTEE  
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer or designated record keeper.

3. This Statement covers From: 11-27-12 To 1-29-13

1. Committee I.D. Number  
B 2012-009

2. Committee Name  
Protect Our Libraries

4. Committee's Mailing Address  
3565 Fox Hunt Dr.  
Ann Arbor, MI 48105  
Area Code and Phone: (734) 657-7900  
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

5. Treasurer's Name and Residential Address  
Katherine Griswold  
3565 Fox Hunt Dr  
Ann Arbor, MI 48105  
Area Code and Phone (734) 657-7900

6. Treasurer's Business Address  
same  
Area Code and Phone

7. Designated Record Keeper's Name and Mailing Address  
(if the committee has a Designated Record Keeper)  
Area Code and Phone

8. TYPE OF STATEMENT:  
8a.  PRE-ELECTION  
OR  
 POST-ELECTION  
Pre-Election or Post-Election Statement relates to:  
 PRIMARY  
 GENERAL  
 SCHOOL  
 SPECIAL  
 OTHER: \_\_\_\_\_  
Date of Election: \_\_\_\_\_

8b.  FEBRUARY STATEMENT  
 APRIL STATEMENT  
 JULY STATEMENT  
 OCTOBER STATEMENT  
8c.  ANNUAL STATEMENT  
(\_\_\_\_ Coverage Year)

8d.  Post Petition Sample Filing under MCL 168.483a  
(Required of Statewide Ballot Question Committees only after the submission of a sample petition prior to circulating the petition)  
8e.  AMENDMENT TO CAMPAIGN STATEMENT  
(Complete Item 8a, 8b, 8c 8d, or 8f to indicate which Statement is being amended)

8f.  DISSOLUTION OF COMMITTEE REQUEST  
Effective Date of Dissolution  
1-29-13  
By checking this item, I certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 4B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 4, 5, 6, or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.

9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record Keeper Katherine J. Griswold Katherine J. Griswold  
Type or Print Name Signature

2013 FEB 14 P 1:45  
 CITY CLERK  
 ANN ARBOR COUNTY MI



MICHIGAN DEPARTMENT OF STATE  
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**SUMMARY PAGE  
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number B2012009

2. Committee Name Protect Our Libraries

RECEIPTS	Column I This Period	Column II Cumulative for Election Cycle
3. Contributions		
a. Itemized Contributions (Schedule 4A, Column 6)	(3a.) \$ _____	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$ _____	(18.) \$ <u>0</u>
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ _____	(19.) \$ <u>0</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3 c + Line 4)	(5.) \$ <u>0</u>	(20.) \$ <u>2,085.-</u>
<b>IN-KIND CONTRIBUTIONS</b>		
6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$ _____	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ <u>NOT APPLICABLE</u>	
<b>7. TOTAL IN-KIND CONTRIBUTIONS</b> (Add Line 6a + Line 6b)	(7.) \$ <u>0</u>	(21.) \$ <u>32,947.<sup>35</sup></u>
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized Direct Expenditures ( Schedule 4B, Column 7)	(8a.) \$ <u>2860.-</u>	
b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)	(8b.) \$ _____	
c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7)	(8c.) \$ _____	
d. Unitemized Expenditures (\$50.00 or less-no Schedule)	(8d.) \$ _____	
e. Subtotal of Expenditures	(8e.) \$ _____	(22.) \$ _____
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$ _____	(23.) \$ _____
<b>10. TOTAL EXPENDITURES</b> (Add Line 8e + Line 9)	(10.) \$ <u>2860.-</u>	(24.) \$ <u>2860</u>
<b>IN-KIND EXPENDITURES</b>		
11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$ _____	(25.) \$ _____
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 4E)	(12a.) \$ _____	
b. Owed to the Committee (Schedule 4E)	(12b.) \$ _____	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>2860.-</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>0</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>2860.-</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>2860.-</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>0</u>	*

\*If your ending balance is negative, please recheck your math.



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ITEMIZED DIRECT EXPENDITURES  
SCHEDULE 4B  
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number B2012009  
2. Committee Name Protect Our Libraries

3. Name and address of person to whom paid	4. State purpose of expenditure. 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name & Address: <u>Kathy Griswold</u> <u>3565 Fox Hunt Dr</u> <u>Ann Arbor, MI 48105</u>	4. Purpose: <u>Reimburse for VSA charges (benefits in kind)</u> 5. Ballot Proposal: <u>\$65 million AADL bond</u>	<u>1/8/13</u>	<u>2860.-</u>	<u>2860.-</u>
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	County: <u>Washtenaw</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	Date of Expenditure: <u>1/8/13</u> \$ <u>2860.-</u> \$ <u>2860.-</u> Click for Memo Itemization Type		
Expenditure # 2 Name & Address:	4. Purpose:	5. Ballot Proposal: _____ \$ _____ \$ _____ Date of Expenditure: _____ County: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local Click for Memo Itemization Type		
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local			
Expenditure # 3 Name & Address:	4. Purpose:	5. Ballot Proposal: _____ \$ _____ \$ _____ Date of Expenditure: _____ County: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local Click for Memo Itemization Type		
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local			
Expenditure # 4 Name & Address:	4. Purpose:	5. Ballot Proposal: _____ \$ _____ \$ _____ Date of Expenditure: _____ County: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local Click for Memo Itemization Type		
<input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local			

Subtotal this page 2860.-  
 Grand Total of Schedules 4B  
 (Complete on last page of Schedule) 2860.-  
 Enter this total on Line 8a of the Summary Page